| | | , | Amendment | | | |
|--|---|--|---|--|--|--|
| Disclosure Report Cove | er | to the cioned and submitted alo | yes No no with other detailed forms. | | | |
| Use this form for general report and committee information, must be signed and submitted along with other committee | | | | | | |
| Oo not use this form to update info | A HIGH | | | | | |
| . Full Name | Access to a mark of the second | | c. ID Number | | | |
| DUSTIN T WILL | 75M643 | | | | | |
| b. Mailing Address (include City, State : | and Zip Code) | | d. Date Filed | | | |
| 8917 REDBAR | ions PL | | Sep 28, 2015 | | | |
| 0711 -00- | -01-7-3 | | e. Phone Number | | | |
| WAXHAW NC | | | 980 724 4318 | | | |
| 2. Report Year 3. Period Start I | Date (mm/dd/yy) 4. Period E | and Date (mm/dd/yy) 5. Treasur | rer Full Name | | | |
| 2015 | 9/2 | 22/2015 Chisty | pher William Drown | | | |
| 6. Type of Committee (Check Or | ne) 9. Type of Rep | ort (check only one type of rep | oort from one category) | | | |
| Candidate Campaign Party | Municipal | State/County | Referendum | | | |
| | rendum Organizationa | | Organizational Pre-referendum | | | |
| Independent Expenditure Ioint | Fundraiser | | Final | | | |
| Legal Expense Fund | Pre-primary | First Second | Supplemental Final | | | |
| | Pre-election Check one) Pre-runoff | Third | Annual | | | |
| 7. Type of Fund (if applicable, o | Semi-annual | Pourth | Special | | | |
| Booster Fund | Mid Yea | r Semi-annual | | | | |
| Building Fund | Year En | d Mid Year | 10. Special Report Name | | | |
| Other: | Final | Year End | | | | |
| 8. Number of Fundraisers this l | Report Special | Final | | | | |
| ø | | ☐ Special | | | | |
| | | эрссіа: | | | | |
| 11 Account Information | | 11. Account Information | | | | |
| 11. Account Information a. Financial Institution Full Name | | | | | | |
| a. Financial Institution Full Name | ACA | 11. Account Information | | | | |
| | ACA c. Account Code | 11. Account Information | c. Account Code | | | |
| a. Financial Institution Full Name BANIC OF AMOR b. Purpose | | 11. Account Information a. Financial Institution Full Name | c. Account Code | | | |
| a. Financial Institution Full Name BANIC OF AMER | c. Account Code | 11. Account Information a. Financial Institution Full Name | c. Account Code d. Period Begin Balance | | | |
| a. Financial Institution Full Name BANIC OF AMOR b. Purpose | c. Account Code | 11. Account Information a. Financial Institution Full Name | | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Coupings | c. Account Code | 11. Account Information a. Financial Institution Full Name | d. Period Begin Balance | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Company CERTIFICATION Leastify that the Committee or Full | c. Account Code O d. Period Begin Balance \$ Ø | 11. Account Information a. Financial Institution Full Name b. Purpose | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Comping A CERTIFICATION I certify that the Committee or Fur | c. Account Code O d. Period Begin Balance \$ ond is in compliance with all appart no funds are commingled with | 11. Account Information a. Financial Institution Full Name b. Purpose blicable provisions of Article 22A, the prohibited or other non-disclosed | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 I funds. I further certify that this | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Comping A CERTIFICATION I certify that the Committee or Fur | c. Account Code O d. Period Begin Balance \$ ond is in compliance with all appart no funds are commingled with | 11. Account Information a. Financial Institution Full Name b. Purpose blicable provisions of Article 22A, the prohibited or other non-disclosed | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 I funds. I further certify that this | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Company CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct | c. Account Code d. Period Begin Balance s nd is in compliance with all appart no funds are commingled with and that I have been trained be | 11. Account Information a. Financial Institution Full Name b. Purpose | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 I funds. I further certify that this | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Company CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Christopher William # | d. Period Begin Balance \$ \$\phi\$ and is in compliance with all appart no funds are commingled with an and that I have been trained by the compliance with all appart and that I have been trained by the complex of the | 11. Account Information a. Financial Institution Full Name b. Purpose bicable provisions of Article 22A, the prohibited or other non-disclosed by the NC State Board of Elections. White Blow | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this $9-27-2015$ | | | |
| a. Financial Institution Full Name BANK OF AMER b. Purpose Company CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Christophy William F Printed Name of Sign | d. Period Begin Balance \$ \$\phi\$ and is in compliance with all appart no funds are commingled with an and that I have been trained by the compliance with all appart and that I have been trained by the complex of the | 11. Account Information a. Financial Institution Full Name b. Purpose blicable provisions of Article 22A, the prohibited or other non-disclosed | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 I funds. I further certify that this | | | |
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| a. Financial Institution Full Name BANIC OF AMER b. Purpose Company CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Christopher William & Printed Name of Sign FOR OFFICE USE ONLY Date Received: | d. Period Begin Balance d. Period Begin Balance s | a. Financial Institution Full Name b. Purpose bicable provisions of Article 22A, the prohibited or other non-disclosed by the NC State Board of Elections. White Blow ignature of Appointed Treasurer oyce: Over 1 | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this 9-27-2015 Date Delivery Method Normal Mail Registered Mail | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Company CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct Christophy William & Printed Name of Sign FOR OFFICE USE ONLY Date Received: Q 16 | c. Account Code O d. Period Begin Balance \$ ond is in compliance with all appart no funds are commingled with and that I have been trained be comminded. Complete Signature Signatur | 11. Account Information a. Financial Institution Full Name b. Purpose bicable provisions of Article 22A, the prohibited or other non-disclosed by the NC State Board of Elections. White Barry ignature of Appointed Treasurer oyee: Haunny | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this 9-27-2015 Date Delivery Method Normal Mail | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Company CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Christopher William & Printed Name of Sign FOR OFFICE USE ONLY Date Received: | d. Period Begin Balance d. Period Begin Balan | 11. Account Information a. Financial Institution Full Name b. Purpose b. Purp | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this 9-27-2015 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Coupling CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct Christopher William & Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: | c. Account Code Ol d. Period Begin Balance \$ 0 and is in compliance with all appart no funds are commingled with and that I have been trained by the complete of the compl | b. Purpose b. Purpose b. Purpose bicable provisions of Article 22A, the prohibited or other non-disclosed by the NC State Board of Elections. White Blow ignature of Appointed Treasurer oyee: Laurny oyee: Laurny oyee: Laurny | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this 9-27-2015 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Coupling CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Christopher William & Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form co | d. Period Begin Balance d. Period Begin Balan | 11. Account Information a. Financial Institution Full Name b. Purpose collapse b. Purpose b. Purpose | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this 9-27-2015 Date Pelivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training committee address, treasurer, | | | |
| a. Financial Institution Full Name BANIC OF AMER b. Purpose Coupling CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Christian Frinted Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form cassistant | d. Period Begin Balance d. Period Begin Balan | b. Purpose b. Purpose b. Purpose bicable provisions of Article 22A, the prohibited or other non-disclosed by the NC State Board of Elections. White Blow ignature of Appointed Treasurer oyee: Laurny oyee: Laurny oyee: Laurny | d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this 9-27-2015 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training committee address, treasurer, rmation. | | | |

CRO-1000

NC State Board of Elections

August 2008

| etailed Summary e this form to summarize all disclosure reporting forms and to total mo Committee Full Name (and Fund if applicable) 2. Type of | | etary intormation Report | 3, 10 | D Number | |
|--|-----------------|-----------------------------|-------------------|---------------------------------------|--|
| Committee i am stame (and 2 and 2 app | | Day | 75m643 | | |
| Start of Election Cycle: January 1, 2015 | | Total this Reporting Pe | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ \$ | | | |
| RECEIPTS | | | e Zagas Det Gyrfe | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | | | | |
| 6) Contributions from Individuals | (CRO-1210) | \$ 2,357 | 74 5 | 357,74 | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | | 8 | |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | | \$ | |
| 9) Loan Proceeds | (CRO-1410) | \$ | | \$ | |
| 0) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ | | \$ | |
| 1) Other Receipt Sources | ,,,,,,,,, | | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | | \$ | |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ | | \$ | |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | | \$ | |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ | | \$ | |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c, | 11d and 11e | \$ 2,357 | 74 | \$ 2357.74 | |
| 13) Disbursements 13a) Operating Expenditures | (CRO-1310) | \$ 1,527 | ,00 | \$ 1,5 27,00 | |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | · | | \$ | |
| 13c) Coordinated Party Expenditures | (CRO-1310) | | | \$ | |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | | \$ | |
| and the second s | (CRO-1420) | \$ | | \$ | |
| 15) Loan Repayments | (CRO-1320) | | | \$ | |
| 16) Refunds/Reimbursements from the Committee | (CRO-1510 | | 4 | \$ 107.74 | |
| 17) In-Kind Contributions18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, | | | 74 | \$ 1634.74 | |
| 18) TOTAL EXPENDITORES (Add lines 13a, 13b, 13b, 13b, 13b, 13b, 13b, 13b, 13b | abtract line 1 | | | \$ 723 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330 | \$ | | · · · · · · · · · · · · · · · · · · · | |
| 21) Outstanding Loans (incl. ones from other campaigns) |) (CRO-1430 |) \$ | | | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610 | \$ | | | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620 | 9) \$ | | | |
| 24) Account Transfers Within the Committee | (CRO-1720 | 9) \$ | | | |
| 25) Administrative Support | (CRO-171 | 9) \$ | | \$ | |
| 26) Forgiven Loans | (CRO-144) | 0) \$ | | \$ | |
| 27) 48-Hour Notice Reports Sum | (CRO-2220 |) \$ | | \$ED- | |
| 28) Contributions to be Refunded | (CRO-1215 |) \$ RE | EUEI | ペトレ | |
| CRO-1100 NC State B | oard of Electio | ons | SEP 30 | 2015 August | |

| | | om Individua | | Pg ontributions unde | of er \$50 if form CF | Amendment Yes No RO 1205 is not used | |
|--|---|----------------------|--|-------------------------|--------------------------|---|--|
| The state of the s | | | | | | 2. ID Number | |
| DUSTIV TWILLIAMS FOR OFFICE | | | | | | 75M643 | |
| 3. Contributor Information Ad | | | | Add 🔲 Ren | nove | | |
| | ame, Mailing Addre | ess & Phone | • | b. Job Title/Profes | sion | d. Comments | |
| (include city, state, & zip) | | | | UP-OPS | | | |
| DUSTIN Thomas Williams | | | c. Employer's Nan | ne/Specific Field | | | |
| 8917 Rod Barone Pl Waxhar NC Z8173 | | | Cummins / |)tante | . Election Sum to Date | | |
| Waxhar NC 28112 | | | Commission | | \$ | | |
| f. Prior | g. Account Code | h, Form of Payment | i. In-Kind Descrip | ltion | j. Date (mm/dd/yy) | y) k. Amount | |
| | ØI | Check | Cash Cor | -istuditi- | | | |
| | 01 | Check | Cash Controvalin | | 9/03/2015 | \$ 2,000.00 | |
| | 01 | In-Kovel | Webse | boundhis | 8/3/12015 | \$ 250,00 \$ 2,000,00 \$ \$107.74 | |
| 3. Cont | ributor Inform | ation | | Add 🔲 Rer | nove | | |
| | ame, Mailing Addre | ess & Phone | | b. Job Title/Profes | ssion | d. Comments | |
| (includ | e city, state, & zip) | | | | | | |
| | | | | c. Employer's Nan | ne/Specific Field | | |
| | | | | | | e, Election Sum to Date | |
| | | | | | | \$ | |
| f, Prior | g. Account Code | b. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yyy | yy) k. Amount | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| 3. Contributor Information Add Remove | | | | | | | |
| | ame, Mailing Addre | ess & Phone | | b. Job Title/Profes | ssion | d. Comments | |
| (includ | e city, state, & zip) | | | - | | | |
| | | | | c. Employer's Nar | ne/Specific Field | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i, In-Kind Descrip | tion | j. Date (mn/dd/yy) | yy) k. Amount | |
| | 1800 | | 1.11.11.11 | | | \$ | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| 4. Tota | al only this P | age | | | | \$ 2,357,74 | |
| 5. Tot | 4. Total only this Page 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) RECEIVED \$ 2,357, 74 | | | | | | |
| CRO-12 | ** | e og ogsømmen († 4.) | and the state of t | ard of Elections | | April 2007 | |

NC State Board of Elections SEP 3 0 2015

| Disbursem | nonte | | | | | Amendment | |
|--|---|---|------------|----------------|--|-------------------------------|--------------------------------------|
| | | from the commit | 4. a. F | 43 | Pg of | Yes | No |
| Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political | | | | | | | |
| committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number 1. 2. 1. 2. 2. 3. 3. 3. 3. 3. 3 | | | | | | | |
| DUSTIN T WILLIAMS FOR OFFICE | | | | ES | and the second of the second o | 75M64 | 3 |
| | 3. Type of Disbursement (Please use separate CRO-1310 | | | | each type of Dish | | |
| Operating Exp | | tributions to Candid | | | | dinated Party Expenditures | and the second section of the second |
| 4. Payee Inforr | | | | Add \square | Remove | | |
| a. Full Name, Mailing Address & Phone | | | | b. Coordinate | ed Committee Name | d. Comments | |
| (include city, state, | , & zip) | | | | | | |
| Adam Co | rudle Graph | パピト | | | | | |
| 1101 1 | harlhasa Di | | | + | stered (Specify) | | |
| 1106 MM | reputaser. | 767 | | Federal State | County: | | |
| Adam Caudle Graphies 1106 Amber Chase Dr McDonagh GA 30253 | | | | State | ☐ Municipa | lity: e. Election Sum to Date | |
| • | | | | | | \$ 1,527.0 | 0 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (| mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | Chech | OB B | 08/2 | 12015 | \$ 1,527.00 | | |
| | | | | | \$ | | |
| 4. Payee Inform | L nation | | | Add 🔝 🔲 | Remove | | |
| | ing Address & Phone | A STORY SHALL PROMITED AND STREET STORY | 3,32,33 | | ed Committee Name | d. Comments | ing property of the second |
| (include city, sta | | | | D. COOLUMN | ed Committee Name | u. Comments | |
| | | | | | | | |
| | | | | c. Level Regis | stered (Specify) | | |
| | | | | Federal | County: | | |
| | | | | ☐ State | Municipa Municipa | ity: e. Election Sum to Date | |
| | | | | • | | \$ | |
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| | g v | , , , , , , , , , , , , , , , , , , , | II Date (| | \$ | a require remarks | |
| | | | ļ | | | | |
| | | | | | \$ | | |
| 4. Payee Inforn | nation | | | Add | Remove | | i kakokanya k |
| a. Full Name, Mail | ing Address & Phone | | | b. Coordinate | d Committee Name | d. Comments | |
| (include city, stat | RECE | | | | 111111111 | | |
| | NEVE | | | | | | |
| | SEP 3 | ስ ኃብፋር | | | tered (Specify) | | |
| | OEF 3 | 0 2013 | | Federal State | ☐ County: ☐ Municipal | ity: e. Election Sum to Date | |
| | Union Co. Boa | rd of Flortions | | State | wanicipal | | |
| | Olioti oo. Doa | IO OF LIGHTIONS | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (1 | nn/dd/yyyy) | j. Amount | k. Required Remarks | |
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| | | | | | \$ | <u>, , , ,</u> | |
| E Tratal and A | ia Daga | <mark>.</mark> Gillion S. Walliam Sala | | | | | |
| 5. Total only th | | | | | | \$ 1,527.00 \$ 1,527.00 | 0 |
| the state of the second section of the | CRO-1310 Pages | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operal | | | | | | \$ 1527.00 | ව ් |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | | |
| | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate | | | | | | | |
| E - Salaries | F* - Equip | | | | | Another Candidate | onese |
| | | | | | lding Public Office Exp nation to Legal Expens | | |
| O* Other | g x omatte | - = | | o zapem | | | o r unu |
| * Codes requir | e detailed explanati | on in required r | emarks | field (k) | | EIVED | |

NC State Board of Elections

CRO-1310

1000 3 n 2015

| In-Kind Contributions | Pg | of | | Amendment Yes No | | |
|--|--|------------------------------------|-------------------------|------------------------|--|--|
| Use this form to report non-monetary contributions, donations, good | ds or services prov | rided to the commit | ttee o | | | |
| Use CRO-1215 if In-Kind Contributions were or will be refur 1. Committee Full Name (and Fund if applicable) | ided within / day | ys. | To 1 | D Number | | |
| DUSTINT WELLIAMS FOR OFFICE | e English et Mitalian et proposition. | <u>A Siripago Barantina ka gir</u> | | | | |
| | E | | | 75m643 | | |
| 3. Contributor Information | Add Rei | | | | | |
| a. Full Name, Mailing Address & Phone | b. Type of Contril | butor | c. C | Comments | | |
| (include city, state, & zip) | Individual | | | | | |
| DUSTIN THOMAS WILLIAMS | Candidate | | | | | |
| 8917 RED BARONE PL | Party PAC Referendum | | | | | |
| WAXHAW NC 28193 | | | | Section Sum to Date | | |
| | Other Receipt | Source | | | | |
| | - | | \$ | 107.74 | | |
| e. Description | | f. Date (mm/dd/yyy | /y) | g. Fair Market Amount | | |
| Website Lyr subscription Website Domain Purchase | | 08/31/201 | 15 | \$ 89.40 | | |
| Website Domain Purchase | | 08/21/201 | 5 | \$ 18.34 | | |
| | | | | \$ | | |
| 3. Contributor Information | | move | Atty: | | | |
| a. Full Name, Mailing Address & Phone | b. Type of Contril | butor | c, C | omments | | |
| (include city, state, & zip) | Individual | | | | | |
| | Candidate | | | | | |
| | Party PAC | | | | | |
| | Referendum | İ | a 181 | . Election Sum to Date | | |
| | Other Receipt | | | | | |
| | | | \$ | | | |
| e. Description | | f. Date (mm/dd/yyy | y) | g. Fair Market Amount | | |
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| | | | | \$ | | |
| 3. Contributor Information | Add Ren | nove | | | | |
| a. Full Name, Mailing Address & Phone | b. Type of Contrib | outor | e. Ca | omments | | |
| (include city, state, & zip) | Individual Candidate Party PAC Referendum Other Receipt Source | | | | | |
| | | | | | | |
| | | | | | | |
| | | | J. Planting Courts Date | | | |
| | | | d. Election Sum to Date | | | |
| | | | \$ | | | |
| e. Description RECEIVED | | f. Date (nın/dd/yyy | y) | g. Fair Market Amount | | |
| | | | | \$ | | |
| SEP 3 0 2015 | | | | J. | | |
| ↓ | | | | \$ | | |
| Union Co. Board of Elections | | | \dashv | , | | |
| WINT - | | | | \$ | | |
| 4. Total only this Page | | | \$ | 107.74 | | |
| 5. Total of ALL CRO-1510 Pages | Takangya Milikata Kabus Kabulatan Pendah Kabus | | \$ | 107.74 | | |
| (This line must be on line 17 of Detailed Summary Page CRO-1100) | | | Ψ | /// <i>t.1</i> 7 | | |

Amendment